

Current Dealer No. _____

STATE OF LOUISIANA

FOR OFFICE USE ONLY

RECREATIONAL AND USED MOTOR VEHICLE COMMISSION3132 VALLEY CREEK DRIVE
BATON ROUGE, LOUISIANA 70808
(225) 925-3870 FAX # (225) 925-3869

www.lrumvc.state.la.us

RECEIPT NO. _____

LICENSE NO. _____

DATE ISSUED _____

RENEWAL APPLICATION FOR LICENSE AS VEHICLE DEALER FOR YEAR 20_____

PLEASE PRINT OR TYPE. Complete entire application and attach such documents as required. Any misrepresentation or omission of information shall be grounds for refusal to issue or revocation of a Vehicle Dealer's License. Any false answer shall be subject to a fine not to exceed \$5,000.00 or imprisonment not to exceed 4 years of both.

OWNERSHIP NAME _____

(NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION, LLC, or LLP)

DEALERSHIP NAME _____ PHONE () _____

(NAME UNDER WHICH BUSINESS WILL BE CONDUCTED)

(NO CELLULAR PHONES ALLOWED)

OFFICE HOURS _____ DAYS _____

BUSINESS LOCATION _____ CITY _____ PARISH _____ ZIP _____

MAILING ADDRESS (if different from above) _____ CITY _____ ZIP _____

A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH LOCATION

Indicate by (X) in the applicable block shown below for the type of business you are engaged in. If several types apply to your business, although it is one combined operation, each applicable block must be checked.

I (WE) ENGAGE IN THE FOLLOWING BUSINESS:

	USED		NEW	USED
AUTOMOBILES	<input type="checkbox"/>	BOATS	<input type="checkbox"/>	<input type="checkbox"/>
TRUCKS	<input type="checkbox"/>	BOAT MOTORS	<input type="checkbox"/>	<input type="checkbox"/>
FINAL STAGE MANUFACTURERS	<input type="checkbox"/>	TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>
DAILY RENTALS	<input type="checkbox"/>	MOTORCYCLES-ATVS-OFF ROAD	<input type="checkbox"/>	<input type="checkbox"/>
RENT WITH OPTION TO PURCHASE	<input type="checkbox"/>	MOTORHOMES	<input type="checkbox"/>	<input type="checkbox"/>
BUSES - FIRETRUCKS - WRECKERS	<input type="checkbox"/>			
BROKER	<input type="checkbox"/>			

OWNERSHIP INFORMATION:

NAME _____ TITLE _____ HOME PHONE _____

(INDICATE INDIVIDUAL, MANAGING PARTNER OR PRESIDENT OF CORPORATION)

CELLULAR PHONE _____

HOME ADDRESS _____ CITY _____ ZIP _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

U.S. CITIZEN? YES ☐ NO ☐ IF NOT A U.S. CITIZEN, ATTACH COPY OF RESIDENT ALIEN CARD (FRONT AND BACK) AND DRIVER'S LICENSE.

YES NO

☐ ☐ 1. HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO ANY CRIME OTHER THAN A TRAFFIC VIOLATION IN THE PAST 5 YEARS? IF YES, STATE INDIVIDUAL'S NAME, OFFENSE, DATE OF OFFENSE AND WHERE. _____☐ ☐ 2. DO YOU PRESENTLY SELL EXTENDED WARRANTY CONTRACTS OR PRODUCT WARRANTIES? IF YES, NAME OF COMPANY AND DATE OF APPROVAL _____☐ ☐ 3. DO YOU POSSESS A FINANCE LICENSE? IF YES, GIVE NAME AND # _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I AM FAMILIAR AND WILL ABIDE WITH THE PROVISIONS OF ALL THE LAWS, RULES AND REGULATIONS UNDER WHICH THIS APPLICATION IS MADE.

DEALERSHIP SIGNATURE _____ DATE _____

(INDICATE INDIVIDUAL, MANAGING PARTNER, PRESIDENT OF CORPORATION OR DULY AUTHORIZED REPRESENTATIVE)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC SIGNATURE/COMMISSION STAFF _____

PURSUANT TO THE AMERICANS WITH DISABILITIES ACT, ASSISTANCE WILL BE PROVIDED IN COMPLETING ANY FORMS REQUIRED BY THE LOUISIANA RECREATIONAL AND USED MOTOR VEHICLE COMMISSION.

SEE OTHER SIDE

